

CORRECTION NOTICE ALL COUNTY LETTER NO. 80-5 (TRAINING BUREAU)

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY STAFF DEVELOPMENT OFFICERS

SUBJECT: ANNUAL COUNTY TRAINING PLANS - FY 1979-80

Please substitute the attached Instructions for County Training Plan for FY 1979-80 for those originally sent to you in ACL 80-5 dated January 22, 1980. This section was inadvertantly duplicated in the wrong order which could result in confusion to the counties.

INSTRUCTIONS
COUNTY TRAINING PLAN FOR F.Y. 1979-80

PART I DEMOGRAPHIC INFORMATION

INTENT Part I is designed to provide basic demographic information about your department and its training function. This information will become part of your permanent county file. It will be requested in its entirety this year only.

RESPONSIBILITY The county welfare department is responsible for immediately informing the State Department of Social Services Training Bureau of any changes to this basic demographic information.

FORMAT Please provide the requested information using the attached format. Those items which require clarification or definition beyond that provided in the form are detailed below.

The plan is not intended to reflect the funding for staff development. You may include items in the plan that will not be eligible for reimbursement as staff development expenses.

ITEMS

**E. STAFF
DEVELOPMENT
STAFFING**

Following are the definitions which should be used in identifying the level of a position:

MANAGER/SUPERVISOR

Those individuals who have primary responsibility for supervising and managing staff who carry out training activities. These individuals may also have trainer and support duties.

TRAINER

Those individuals who have primary responsibility for coordinating and/or carrying out training activities (planning, evaluating, conducting training programs; providing consultation services, etc.). Trainers may also have support functions.

SUPPORT

Those individuals who have primary responsibility for providing administrative, clerical and other support to the training function.

Following are the definitions which should be used in identifying the program areas:

INCOME MAINTENANCE TRAINING

The time devoted to all training and training related activities directly related to Income Maintenance programs.

SOCIAL SERVICES TRAINING

The time devoted to all training and training related activities directly related to Social Services programs.

SUPERVISORY AND MANAGEMENT TRAINING

The time devoted to training and training related activities designed to develop supervisory and management skills within the department regardless of the program areas of the participants.

GENERAL TRAINING

The time devoted to training and training related activities that are general rather than directed to a particular program (e.g., writing skills, cultural awareness, stress management, etc.)

OTHER TRAINING

The time devoted to all training and training related activities that are not covered in the above four categories (e.g., some Organizational Development activities, Management Assessment centers, special projects, etc.). If the time in this area exceeds 25% please attach an explanation.

VACANT OR PART-TIME POSITION

Use this column to indicate the position is currently vacant.

If the position's time base is less than full time (e.g., $\frac{3}{4}$ or $\frac{1}{2}$) but the position is assigned to the training function only, indicate the time base in this column.

PART II

TRAINING RECAP FOR F.Y. 1978-79

INTENT

The purpose of this section is to help the State Department of Social Services answer questions from the Legislature, the Legislative Analysts Office, the Federal Government and the Department of Finance.

FORMAT

Please use the attached format to provide the information. Those items which require clarification or definition beyond that provided in the form are detailed below.

ITEMS

TYPE OF TRAINING

The definitions for type of training are identical to those used in Part I.

A. INSERVICE TRAINING

1. Number of Participants

Count each person attending each workshop. It is not uncommon to count a person more than once since they may attend several workshops during a year.

**C. PROGRAM
IMPLEMENTATION**

This section is designed to provide a description of the training services you provide to your agency staff. Each county will approach program implementation differently. Some approaches may be more formal or traditional than others. For example, while some counties may approach training through the use of group workshops, other counties may use a planned one-to-one training approach. Both approaches (and others) can be legitimate techniques to use in meeting training needs, depending on how they are carried out.

**1. Inservice
Ongoing**

Describe the ongoing or already developed in-service (use definition from Part II) training programs you plan to offer in F.Y. 1979-80. These may be grouped when appropriate (e.g., New Eligibility Worker Training Program, Supervisor Training Program, etc.) and described as a whole rather than individually. Include the following information for each program, activity or workshop:

- a. The origins of the program (result of a request, needs assessment, mandatory training, good guess, etc.).
- b. If the program is being continued to address a priority need described in Section B, identify the need.
- c. A brief description of the program, including length and objectives. Identify the typical beneficiary of the program.
- d. A brief statement of the expected extent of the program for this year (number of times given, number of people, number of hours devoted to the program, etc.).
- e. Describe the future plans you have for the program, (e.g., change, continue as is, discontinue, expand, etc.).

**2. Inservice
New**

Describe any **new** in-service training programs you have or are planning to develop in response to your priority training needs for F.Y. 1979-80. Include the following information:

- a. The need the program is designed to meet.
- b. A description of the program, including learning objectives, or subject areas to be included, expected outcomes, length and type of program (workshop, programmed instruction, other, etc.).
- c. Description of intended participants, who, how many, from what areas or programs.
- d. A brief statement of the anticipated extent of the program, length, number of people, duration, etc.
- e. Describe how you intend to evaluate the program.

**3. Inservice
Other**

Describe any other in-service training activities or services you will be providing this year that were not included in Items 1 and 2 above. Examples include consulting, developing special projects, management assessment centers, etc. Include the following in your description:

- a. The need you are meeting.
- b. A description of the activity or service.
- c. A description of the typical beneficiaries of the service or program.

4. Outservice

Describe any out-service (use definition from Part II) training programs and services you will use to meet your priority training needs. Describe the nature of the program, expected results, etc.

Describe any other out-service activities you are providing this year that were not included in Item 4.

INSTRUCTIONS
COUNTY TRAINING PLAN FOR F.Y. 1979-80

PART III

PROGRAM STATEMENT

INTENT

This section is designed to allow you to fully describe your approach to using training as a management resource to improve organizational and individual performance. It also allows you to describe your specific plans for FY 1979-80.

The format described sets out those areas that **must be addressed**. Additional information is welcome to the extent that you feel it will give us a more clear understanding of your county's approach to training.

The information pertaining to Title XX training you provide in this section along with the information you provide in Part IV will be used to develop the statement of need for the Title XX University Training Request for Proposal for Fiscal Year 80-81.

This format should allow you to describe what you have already done in addition to your future plans for 1979-80. It is not our intent to prescribe a process or dictate a single approach to training. The format identifies those elements which we believe should be a part of any planning process for training used by a county regardless of its size or the level of its training expertise.

If the format we have described does not easily fit your situation, develop your own format, but ensure that all areas and questions are covered or addressed.

The **PROGRAM STATEMENT** contains five sections described below.

A. GOALS AND OBJECTIVES

Describe the overall goals and objectives of the training function and how they relate to the goals and objectives of the department. Please be as specific as possible.

Describe the operational relationship between the:

1. Manager(s) responsible for the training function; and
2. The program and other departmental managers.

You may also use this section to more fully describe the overall approach your department takes to training if Part I, Demographic Information, did not allow you to do so.

B. NEEDS ASSESSMENT

Describe the needs assessment process(es) you used to identify training needs for Fiscal Year 1979-80. Include the following:

1. Program areas in which needs assessments were done. (Often needs assessments are directed to one particular program or program component rather than department-wide. Describe these needs assessments separately.)
2. Describe the method(s) used.
3. Identify the individuals involved (e.g., numbers, levels, classification, etc.). If you do not have specific numbers describe in general terms.
4. Describe how decisions were made on what was a "real" training need and how this information was validated.
5. Describe how decisions were made on priorities and who was involved in those decisions.
6. Describe the results of the needs assessment process. Identify the priority training needs.
7. What priority needs are you addressing or planning to address this fiscal year?

Describe how you plan to assess needs for Fiscal Year 1980-81.

INSTRUCTIONS
COUNTY TRAINING PLAN FOR F.Y. 1979-80

PART IV

STATE PROGRAM TRAINING NEEDS

INTENT

This section provides you an opportunity to identify training needs which you feel should be met by state program staff.

The information you provide us will be used in the following ways:

1. Program Managers
Providing the information to State Program Managers (e.g., AFDC, IHSS, Fiscal, etc.). The program manager(s) will then use the information as additional training need data when planning state training activities.
2. Training Bureau
Keep the information in the Training Bureau for use in planning for training which we may provide to county training staff in training skills, training management, training regulations, etc.
3. LAST Projects
Include the need in the priority needs list for the LAST Program.
4. University Programs
Include the information in the Statement of Need in the Request for Proposal process for Title XX University Training Projects for Fiscal Year 1980-81.
5. Other Processes
There may be other state processes or combination of processes which you feel should be used to meet the training needs. When completing Part IV do not limit yourself to the four processes outlined above if you feel there is another way which would be more appropriate in meeting the training need. If you do suggest a process other than the four outlined above, please describe it as specifically as possible.

**A. NEEDS
IDENTIFIED IN
PART III-B**

Identify the needs you described in Part III-B which you feel should be met through the state programs described above. Submit the following information:

1. Describe the Need
Describe the need and the needs assessment process used to identify the need. Reference to the appropriate Part III-B information is acceptable.
2. Why
Explain why the need should be met at the state level or through state programs instead of the county level.
3. Potential Participants
Describe the potential participant population. Include as much information in this section as possible (e.g., numbers, program areas, classification).
4. State Process
Describe the state process(es) you feel could best meet the need. Refer to those five (5) processes outlined above or describe the proposed process.

B. OTHER NEEDS

You may also be aware of training needs which are based on data other than that used to identify the needs described in Part III-B. These needs may have been identified through every day observation of work activities or other informal ways. Use this section to describe those needs which you feel should be met through state programs. Include the following information:

1. Describe the Need
Describe the need, including how you identified the need.
2. Why
Explain why the need should be met through a state program rather than a county program.
3. Potential Participants
Describe the potential participant population. Include as much information as possible in this section, (e.g., numbers, program areas, classification).
4. State Process
Describe the state process(es) you feel could best meet the need. Refer to those five (5) processes outlined above or describe the proposed process.

**D. PROGRAM
EVALUATION**

Describe your overall approach to evaluating the effectiveness of training programs and services. Include information about how these evaluations are tied into measures of program effectiveness and efficiency, job performance, etc. You may also include a description of how **each** program in Items C 1, C 3 and C 4 are evaluated. (Include any evaluative comments you may wish to make about the Title XX University Program, particularly around your negotiated agreements with the universities.)

**E. LONG-TERM
TRAINING
PLANS**

Describe your long-term plans for enhancing the effectiveness of the training function and training personnel in your county. For example, where do you want to be in five years, and how will you get there? Describe any major steps the Training Bureau at the state level can take to support your specific long-term plans.